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Bib Data Sheet

CONFIRMATION NO. 8587

SERIAL NUMBER 10/820,275	FILING DATE 04/08/2004  RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. P-5690
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/463,384 04/16/2003 *W 9/11/06*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *W 9/11/06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/25/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 26	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
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ADDRESS

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TITLE

Safety shielding needle assembly with passive shielding

FILING FEE  RECEIVED 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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